

Will Davidson, LMHC Counseling Services

Informed Consent for Treatment and Payment

I. Consent to Will Davidson, LMHC Counseling Services

I hereby consent to the rendering and care of services within Will Davidson, LMHC Counseling Services for myself or for the person listed below for whom I am the parent or legal guardian. This treatment may consist of psychological testing, psychopharmacological consultation, and/or therapeutic intervention.

Person's Name: _____ DOB: _____

II. Consent to Release Information

I hereby authorize Will Davidson, LMHC to release to my insurance company or other payer, information required for payment of services on my behalf including but not limited to information pertaining to treatment for mental illness or substance abuse, if applicable.

Insurance Carrier: _____ Policy Number: _____

I additionally authorize and consent to the sharing of information about my treatment including my medical records, by and among professional staff hired by Will Davidson for case supervision for the purpose of facilitating the provision of care and treatment. This authorization is furnished to indemnify Will Davidson, LMHC and a hired supervisor from all responsibilities and liabilities resulting from the release of records and/or other personal data. I understand that I can revoke this consent at any time by submitting a written request. Should I choose not to, this consent will expire 1 month from the date of termination from this counseling. This consent is compliant with both HIPAA and 42 CFR part 2.

III. Consent to Assignment of Insurance Benefits

I hereby authorize direct payment to Will Davidson, LMHC for services rendered. All insurance benefits payable to me as determined by the insurance company are not to exceed the regular charge made for this period of treatment. I understand that I am financially responsible to Will Davidson, LMHC for all charges not covered by the insurance plan.

In accordance with M.G.L., ch 111a. 70E, I have received and reviewed a copy of patient rights and a copy of the confidentiality statement.

All elements of this Consent have been explained to me and I am satisfied that I understand them completely.

Person Served or Legal Guardian: _____ Date: _____

Witness: _____ Date: _____